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23 Jul 98

BATTALION ORDER P6000.2A

From: Commanding Officer
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR MEDICAL (SHORT TITLE:
SOP FOR MEDICAL)

Ref: (a) Memorandum of Agreement between DOS and USMC
(b) BUMEDINST 6320.72

Encl: (1) Locator Sheet

1. Purpose. To publish the Standard Operating Procedures (SOP) for Medical to be followed within Marine Security Guard Battalion.
2. Cancellation. BnO 6000.2 and BnO 6100.1.
3. Background. This SOP is intended primarily as an aid to company commanders and detachment commanders in accomplishing the medical responsibilities at their levels of command. This SOP is directive in nature to all members of Marine Security Guard Battalion unless otherwise indicated herein. In the event of conflict with subsequently issued directives of higher authority, those directives will prevail.
4. Summary of Revision. This revision has been reformatted, contains a substantial number of changes, and must be completely reviewed.
5. Recommendation. Recommendations concerning the content of this SOP are invited. Such recommendations will be forwarded to this Headquarters (Attn: Medical) via the appropriate chain of command.

~~6. Certification. Reviewed and approved this date.~~


D. S. BURGESS

DISTRIBUTION: A

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LOCATOR SHEET

Subj: STANDARD OPERATING PROCEDURES FOR MEDICAL (SHORT TITLE:
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ENCLOSURE (1)

SOP FOR MEDICAL

RECORD OF CHANGES

Log completed change action as indicated.

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SOP FOR MEDICAL

CONTENTS

CHAPTER

	INTRODUCTION
1	MEDICAL/DENTAL CARE AND MEDEVACS
2	MEDICAL EVACUATIONS TO GERMANY
3	HUMAN IMMUNODEFICIENCY VIRUS TESTING
4	NONNAVAL HEALTH CARE PROGRAM POLICY AND PROCEDURES
5	RELIEF FOR GOOD OF THE SERVICE
6	FOREIGN SERVICE NATIONAL MEDICAL ISSUES
7	TRICARE ENROLLMENT

SOP FOR MEDICAL

INTRODUCTION

0001. PURPOSE. This manual promulgates medical policies and procedures for use within the operation of the Marine Security Guard (MSG) Battalion.

0002. SCOPE. The instructions contained herein will not be interpreted as sufficient justification to change or modify directives or policies of a higher authority. It will be used in conjunction with appropriate Navy, Marine Corps, Department of Defense and Joint Directives available on post.

0003. RESPONSIBILITY. The Commanding Officer, MSG Battalion is responsible for the currency, accuracy, and modification of this manual. Subordinate commanders are responsible for physical maintenance and timely entry of changes in their copies of this manual.

0004. SPECIAL INSTRUCTIONS

1. When referring to references used within this manual, the following instructions apply:

a. When a reference appears (e.g. "see par 4000") this is in reference to a paragraph within this manual.

b. If the reference is to a publication other than this manual, and the paragraph number is cited, it will follow the title of the publication (e.g., MCO P6320.17E, par 6017).

c. When reference is made only to a directive, the reference will appear (e.g., BUMEDINST 6320.72). It will not contain the current suffix.

2. All forms, examples and samples appear in this publication as "figures". Figures are labeled with (1) chapter number and (2) a consecutive number within that chapter (e.g., figure 2-1 is the first figure appearing in Chapter 2). All figures are located at the end of the chapter they pertain to for easy reference.

SOP FOR MEDICAL

CHAPTER 1

MEDICAL/DENTAL CARE AND MEDEVACS

	<u>PARAGRAPH</u>	<u>PAGE</u>
MEDICAL CARE	1000	1-3
DENTAL CARE	1001	1-3
HEALTH AND DENTAL RECORDS	1002	1-4
MEDICAL EVACUATIONS	1003	1-4

SOP FOR MEDICAL

CHAPTER 1

MEDICAL/DENTAL CARE AND MEDEVACS

1000. MEDICAL CARE. Many MSG Battalion personnel and their family members live considerable distances from federal medical and dental facilities. Consequently, their primary care is provided by Department of State or local civilian care providers.

1. Federal Facilities. Federal medical facilities should be utilized whenever possible. Exceptions to this rule include, but are not limited to, emergency situations and conditions which require timely intervention to minimize suffering. Under these circumstances, care should be obtained at the nearest adequate medical facility. This necessitates an awareness of what adequate medical facilities exist in the local area before the need to use them arises.

2. Department of State Medical Facilities. When federal facilities are not available, personnel should seek care at the Department of State health unit in the embassy, consulate or mission where they are assigned. If the medical needs exceed the resources, the State Medical Department representative will facilitate an appropriate referral.

3. Immunizations. All persons assigned to the MSG Program and their family members will be immunized against diseases endemic to the area of their assignment, prior to departure. Some boosters and periodic updates may be required while at post. The record custodian, defined in par 1002, shall ensure that the health unit screens the immunization records of all personnel at least annually and prior to departure to a second post. All immunizations should be entered in the medical record and the yellow shot card (PHS-731).

1001. DENTAL CARE. Adequate dental care is not available in many countries.

1. Dental Care for Active Duty Personnel. When adequate dental care is available locally, needed services may be obtained from civilian sources in accordance with chapter 4 of this manual.

2. Dental Care for Family Members. The Family Member Dental Plan used by the military does not cover dental care obtained from civilian providers overseas. The costs of any care obtained from civilian sources overseas is the responsibility of the service member. It is therefore essential that all needed care be completed prior to traveling to post. Dental care for family members, other than routine examinations and cleanings, will result in a medevac to the nearest federal facility, if adequate care is not locally available.

1002. HEALTH AND DENTAL RECORDS

1. Custody. The detachment commander is to maintain the health and dental records of all members of the detachment. The company administrative chief will maintain the records of personnel assigned to lettered company headquarters. The person responsible for the custody of the medical/dental records will be referred to in this manual as the "record custodian". The information contained in the health and dental records is protected under the Privacy Act of 1974. These records must be maintained in a locked cabinet with restricted access. The information contained in these records is only to be disclosed to persons who have a need to know as providers of medical/dental care.

2. Record Entries. Whenever a Marine is seen by a civilian medical/dental care provider, the record custodian shall ensure that appropriate documentation is filed in the health/dental record.

1003. MEDICAL EVACUATIONS

1. Requests for Evacuation. The State Department pays the cost of medical evacuations for MSG Battalion personnel and their family members and is reimbursed by the Marine Corps, per the Memorandum of Agreement. Medical and dental evacuations may be for emergency or nonemergency care. State Department medical personnel determine whether a medevac is necessary. It is therefore essential for all Marines and their family members to seek care through the health unit at the embassy, consulate or mission, where he/she is assigned. Medevac approval is granted by Foreign Medical Programs, Department of State, Washington, D.C., in response to a request, normally sent by the Regional Medical Officer (RMO).

2. Appropriation Data. Department of State provides the appropriation data for medevacs, after approval is obtained from Foreign Medical Programs.

3. Medevacs to Germany. See chapter 2.

SOP FOR MEDICAL

CHAPTER 2

MEDICAL EVACUATIONS TO GERMANY

	<u>PARAGRAPH</u>	<u>PAGE</u>
BACKGROUND	2000	2-3
GERMAN PHONE NUMBERS.	2001	2-3
DECISION TO MEDEVAC	2002	2-3
DETACHMENT COMMANDER ACTION	2003	2-3
WHAT TO TAKE	2004	2-4
TRAVEL FROM FRANKFURT AIRPORT	2005	2-5

FIGURES

2-1 SCHEDULE FOR SHUTTLE TO RAMSTEIN/LANDSTUHL	2-7
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SOP FOR MEDICAL

CHAPTER 2

MEDICAL EVACUATION TO GERMANY

2000. BACKGROUND. For Battalion personnel and their dependents stationed in Africa, the Middle East, and much of Europe, the usual medevac site is Landstuhl Regional Medical Center (LRMC), which is operated by the U.S. Army and is located approximately 100 miles southwest of Frankfurt, Germany. Ramstein, AFB is about 15 minutes by car from Landstuhl. Rhein Main, AFB is about 15 minutes southeast of Frankfurt by car.

2001. GERMAN PHONE NUMBERS. The country code for Germany is "49." The city codes for Frankfurt and Landstuhl/Ramstein are "69" and "6371", respectively. If calling from within Germany, the country code is not dialed. If calling from within the same city, the city code is not dialed. If calling from within Germany but outside of the desired city, precede the city code with a zero (e.g., "069" for Frankfurt and "06371" for Landstuhl/Ramstein). The German phone system is unusual in that the length of phone numbers varies throughout the country.

2002. DECISION TO MEDEVAC. The Regional Medical Officer, who has approval authority, recommends medevac, by message, to Foreign Medical Programs, DOS, Washington, DC.

2003. DETACHMENT COMMANDER ACTION. Once the decision to Medevac is made, the following procedures apply:

1. When the patient requires emergency medevac, or because of the nature of the injury is not able to travel by commercial air, the detachment commander (lettered company representative in the case of company headquarters personnel) should contact the Theater Patient Movement Requirement Center (TPMRC), Ramstein (49-6371-77-8040) who will arrange transportation and facilitate the process.

2. For routine medevac patients who can travel by commercial air, the detachment commander will:

- a. Schedule an appointment with the indicated specialist(s) by contacting:

- (1) During regular working hours (0800-1600 M-F), Navy Liaison at LRMC at 49-6371-86-8127 or (Fax) 49-6371-86-8190.

- (2) After regular working hours, the LRMC Administrative Officer of the Day at 49-6371-86-8106/8107 or (Fax) 49-6371-86-8655.

b. Provide the name and phone number of the State Department medical representative who determined that a medevac was necessary.

c. Arrange for billeting at one of the following:

(1) Landstuhl (military billeting, which also accommodates dependents).

(a) Phone number: 49-6371-86-8342.

(b) Approximate cost: \$12.00 per night.

(2) Ramstein (military billeting, which also accommodates dependents).

(a) Phone number: 49-6371-47-5529.

(b) Approximate cost: \$12.00 per night.

(3) Frankfurt (CSA Apartments). These facilities should be used only if the patient arrives during the late evening or night and does not have a reservation in the Landstuhl area.

(a) Phone number: 49-69-560-080.

(b) Approximate cost: \$70.00 per night.

d. Inform lettered company and battalion medical, by message, of patient's status and related information.

e. Issue medevac orders, citing the accounting data provided by Foreign Medical Programs.

f. Ensure that travel arrangements provide ample time for the patient to complete travel prior to the scheduled appointment. Since the length of stay is typically uncertain, it is recommended that the return travel arrangements be left open.

g. Instruct the person being medically evacuated to check in with the Navy Liaison Office, Landstuhl upon arrival.

2004. WHAT TO TAKE. Medically evacuated personnel should take the following items with them:

1. Medical and/or dental record(s), including any documents, lab chits, and/or x-rays related to the presenting complaint.

2. Travel advance, checkbook, and/or credit cards. A full advance for the expected length of stay should be drawn prior to departures.

3. Passport and military identification card.
4. Original and copies of orders
5. Alarm clock.
6. Conservative liberty attire.

2005. TRAVEL FROM FRANKFURT AIRPORT

1. Personnel should convert a sufficient amount of money into Deutschmarks (DM) at one of the local banks, before leaving the airport. The USO lounge, which is located in Hall "C" of the airport, is staffed by persons who speak English. The phone number is 49-69-691-581.

2. The choices for civilian air patients, whose injuries preclude managing their own luggage are very limited and should be made prior to travel. To request assistance, call Navy Liaison or TPMRC. They may be able to arrange for an ambulance from Landstuhl to pick the patient up at Frankfurt airport; however, there is no guarantee. If all other alternatives have been exhausted, seek assistance from Company "A" (49-69-7535-3739) or "E" (49-69-7535-3717). The transportation options available from Frankfurt Airport include:

a. If staying in the CSA Apartments, Frankfurt, take a taxi to 9 Platenstrasse, which is located in the "Dornbusch" section of Frankfurt. If the taxi driver has difficulty finding the street, indicate that it is near the "Bundesbank." Ring the doorbell for entry to post #2 and ask for directions to the CSA Apartments. The taxi will cost about 50 DM (about \$35).

b. If going to Ramstein or Landstuhl, two choices exist.

(1) The SAAR PFALZ-Airport express (49-69-0631-31-6670) is a commercial shuttle, similar to an American airport shuttle. Except for the 1400 military shuttle (See next paragraph), this is the most direct and convenient way to get to Landstuhl or Ramstein. The one-way cost is 79 DM (about \$50) per person. Arrangements can be made in the USO. It is probably more convenient to take the military shuttle when returning to Frankfurt from Landstuhl/Ramstein. Navy Liaison Landstuhl can facilitate this process.

(2) The second choice is to take the military shuttle, which operates on the schedule listed in figure 2-1. The only shuttle that can be boarded at the Frankfurt Airport leaves from Hall "C" at 1400. To catch the other shuttles, one must take a taxi to the MAC Terminal at Rhein Main, AFB.

2005

SOP FOR MEDICAL

3. Battalion Medical can be reached at 010-703-784-3558 or FAX 010-703-784-5949. If additional assistance is required outside of normal working hours, the Battalion can be reached through Post 1, at 010-703-784-3267.

SOP FOR MEDICAL

Depart <u>Rhein Main AFB</u>	Arrive <u>Ramstein</u>	Depart <u>Ramstein</u>	Arrive <u>Landstuhl</u>
1110	1310	0600-1600 daily every 2 hours	Approx. 15 min. from Ramstein
1510	1705		
2010	2205		
Depart <u>Landstuhl</u>	Arrive <u>Ramstein</u>	Depart <u>Ramstein</u>	Arrive <u>Rhein Main</u>
0600-1600 daily every 2 hours	15 min from Landstuhl	0550	1105
		1307	1510
		1800	2015

Figure 2-1.--Schedule for Shuttle to Ramstein/Landstuhl.

SOP FOR MEDICAL

CHAPTER 3

HUMAN IMMUNODEFICIENCY VIRUS TESTING

	<u>PARAGRAPH</u>	<u>PAGE</u>
GENERAL	3000	3-3
REQUIREMENTS FOR TESTING	3001	3-3
TESTING PROCEDURES	3002	3-3

FIGURES

3-1 NAVMED 6000/3 ROSTER FOR HIV TESTING	3-6
3-2 SAMPLE OF <u>FILE</u> /ROSTER ID BLOCK ENTRIES	3-7

SOP FOR MEDICAL

CHAPTER 3

HUMAN IMMUNODEFICIENCY VIRUS TESTING

3000. GENERAL. The Human Immunodeficiency Virus (HIV) is transmitted via bodily fluids (semen, vaginal secretions, or blood). Although sexual transmission may pose the greatest risk for Marines, the HIV can also be passed via needles used for tattoos, body piercing, or drug abuse as well as by transfusion of contaminated blood products. The threat is elevated for personnel assigned to countries where the virus is more prevalent. However, there are no areas of the world without reported cases of HIV in the heterosexual population. Sexual abstinence and avoidance of other risky behaviors are the best protection. In response to the increased prevalence of HIV and related diseases, the Navy and Marine Corps have mandated educational and testing programs designed to reduce exposure to HIV and to identify those infected by the virus. The educational portion is provided at the MSG School and annually at post. The testing program is delineated below. Personnel stationed overseas who are discovered to have HIV, will be relieved from the MSG Program for the Good of the Service. See Chapter 5 for a discussion of GOS procedures.

3001. REQUIREMENTS FOR TESTING. Personnel assigned to Headquarters Company at Quantico will be tested in accordance with Navy Medical Clinic, Quantico policies. Personnel otherwise assigned to the MSG Battalion will be tested for HIV in accordance with the following guidelines:

1. Everyone will be tested before departing for duty overseas.
2. Anyone who develops any sexually transmitted disease will be tested.
3. Whenever the question of exposure to the virus arises, the person will be tested.
4. Everyone will be tested within thirty days of transfer from a post.

~~3002. TESTING PROCEDURES. The medical and administrative steps involved in this process are very specific and must be strictly followed.~~

1. Blood samples are to be drawn at the State Department Medical Unit in the embassy or a civilian medical facility authorized by State Department and collected in 16 X 100 mm size serum separator tubes.
2. Samples must be centrifuged at 2000 rpm for 15 minutes,

before refrigeration and within 4 hours of being drawn. The serum portion must then be transferred to a 5 ml transfer tube for shipment to the testing facility.

3. Every transfer tube requires the following information: last name, first name, middle initial; social security number (SSN): 20/XXX-XX-XXXX; and date of birth (DOB): MMDDYY. This identification label needs to be placed on the lower third of the tube, as the testing facility will apply a bar-code label on the upper portion. Failure to provide this information on the tube will result in rejection of the sample by the processing facility.

4. Every effort should be made to mail samples on the day that they are drawn. The normal requirement is for blood samples to be received by the testing facility within 7 days of being drawn. An exception has been made for the MSG battalion because of the remoteness of our posts. If a delay in shipment is unavoidable (24 hours or more), store the samples at 4-10 degrees Celsius. The quickest means of available shipping should always be used.

5. Each batch of samples is to be accompanied by a completed NAVMED 6000/3 (Rev 10/92). See figure 3-1. Earlier versions of this form are not acceptable. Entries on this form must be **typewritten, not hand written**. It can be computer generated and/or locally reproduced. The instructions for completing this form are as follows:

a. File/Roster ID. This is a 12 digit alpha numeric code consisting of the company RUC, last 2 digits of the current calendar year, 2 character detachment mailing number and 3 consecutively numbered digits (See figure 3-2).

b. Submitting Command Address Block. Enter the company RUC and complete mailing address of the detachment.

c. Date Drawn Block. Enter the date the samples were collected (month/day/year). Example: 09/16/97.

d. Roster Verification Block. Type or stamp the name, grade, telephone and fax number of the person who is to verify the roster. ~~This person must initial beside his/her name. The roster cannot be verified by a person whose name is on the~~ roster. Include the commercial telephone number. The detachment commander is the designated HIV point of contact for individual detachments. The commanding officer of each lettered company will designate a senior person to serve in this capacity for the headquarters unit.

e. Date received at MTF. Not applicable.

f. Social Security Number. The SSN should be preceded by the Family Member Prefix (FMP). The FMP is 20 for active duty and 30 for spouses. Examples for these entries would be 20/XXX-XX-XXXX and 30/XXX-XX-XXXX, respectively. The SSN should be verified against the member's military ID card.

g. Name. Enter the last name and first initial.

h. Date of Birth. Use the following format: MM/DD/YY.

i. Duty Code. Enter M11 for active duty personnel and M45 for their spouse.

j. Source of Test. This one letter code indicates the reason a sample is being submitted. These codes and their corresponding reasons are as follows:

F: Routine annual requirement

I: Following suspected exposure to HIV

P: As part of periodic physical examination

V: As part of a sexually transmitted disease evaluation

6. Mailing Address for Samples. All samples must be sent to the following address:

NATIONAL NAVAL MEDICAL CENTER
VIRAL TESTING LABORATORY
8901 WISCONSIN AVENUE
BUILDING 9, ROOM 3491A
BETHESDA, MD 20889-5600

SOP FOR MEDICAL

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NAVMED 5000/3 (12/92)

Figure 3-1.--NAVMED 6000/3 Roster for HIV Testing.

SOP FOR MEDICAL

The file/roster ID block is a 12 digit alpha numeric code consisting of the following components:

1. Company RUC: Company A 54053, Company B 54054,
 Company C 54055, Company D 54056,
 Company E 54057, Company F 54058,
 Company G 54059
2. Last two digits of the current calendar year: (example 97 for 1997)
3. Two character detachment mailing number: (example: A02 for Athens = 01; B02 for Amman = 02; C04 for Canberra = 04; D03 for Brasilia = 03; E12 for Paris = 12; F20 for Pretoria = 20; G06 for Dakar = 06).
4. Three consecutively numbered digits: (example for first roster of current calendar year would be 001, the second would be 002, etc.)
5. Sample of file/roster ID block would be: 540539701001.

Figure 3-2.--Sample of File/Roster ID block entries.

SOP FOR MEDICAL

CHAPTER 4

NONNAVAL HEALTH CARE PROGRAM POLICY AND PROCEDURES

	<u>PARAGRAPH</u>	<u>PAGE</u>
ELIGIBILITY	4000	4-3
POLICY FOR USE OF THE NONNAVAL HEALTH CARE PROGRAM	4001	4-3
PROCEDURES FOR USE OF THE NONNAVAL HEALTH CARE PROGRAM	4002	4-4
AUTHORIZED CARE	4003	4-6
UNAUTHORIZED CARE	4004	4-9
ADJUDICATING AUTHORITY	4005	4-10
RESPONSIBILITIES	4006	4-10
CLAIMS SUBMISSION AND PAYMENT PROCEDURES .	4007	4-11

FIGURES

4-1	ADJUDICATION AUTHORITIES FOR NONNAVAL HEALTH CARE PROGRAM	4-14
4-2	NONNAVAL HEALTH CARE CLAIM FORM (NAVMED 6320/10) . . .	4-16
4-3	CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL GOVERNMENT BUSINESS	4-17
4-4	CHAMPUS CLAIM PATIENT'S REQUEST FOR MEDICAL PAYMENT .	4-18

SOP FOR MEDICAL

CHAPTER 4

NONNAVAL HEALTH CARE PROGRAM POLICY AND PROCEDURES

4000. ELIGIBILITY. This program applies only to active duty personnel. A person in an unauthorized absentee (UA) status is not eligible for program benefits. The only exception to this policy occurs when a member's illness or injury is determined to have been the direct cause of the UA.

4001. POLICY FOR USE OF THE NONNAVAL HEALTH CARE PROGRAM

1. General. If an eligible member requires medical or dental care and a Naval medical treatment facility (MTF) or dental treatment facility (DTF) is not available, the member will use a MTF or DTF managed by the Army, Air Force, or NATO. When no federal or NATO facilities are available, care may be obtained from private civilian sources in accordance with this instruction. The active duty member is responsible for the payment of medical and dental bills accrued by him/her. The Navy will pay for the care received only if it was obtained in accordance with the policies and procedures of BUMEDINST 6320.72. The process whereby such bills are paid is explained below.

2. Emergency Care. In situations that require immediate intervention, such as acute psychiatric episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering, the member is to seek emergency medical or dental care at the nearest adequate medical or dental facility.

3. Non-emergency Care. If a member requires routine medical or dental care, the first preference is to seek care in a federal facility. The following information applies to those situations in which a federal facility is not available:

a. Civilian Providers. Personnel can use civilian care givers when federal facilities are not available.

b. Blanket Approval Authority. Commanding officers of lettered companies within the battalion, located in areas remote from federal MTFs/DTFs (40 or more miles from hospitals and 20 or more miles from clinics), have blanket approval for routine medical and dental care. Blanket approval is only in effect in the area of a members duty station. If a member requires medical care, while on leave/TAD INCONUS, prior approval shall be obtained from MEDDEN Affairs, Great Lakes. They can be reached at any time by calling 1-800-876-1131.

(1) Blanket approval may be granted within the dollar limitations specified below:

SOP FOR MEDICAL

(a) Routine primary medical care at \$500 per episode. This includes initial consultations, follow-up office visits, laboratory tests, X-rays, prescription medications, immunizations, and annual eye examinations, if required.

(b) Routine dental care which does not exceed \$500 per treatment encounter and \$1500 per 12-month period. This includes diagnostic and preventive procedures, routine restorations, root canal treatments, extractions, temporary crowns, periodontal treatment, bite wing X-rays, full-mouth series periapical X-rays, and panoramic X-rays. Prior approval is required for other dental care, including porcelain veneers, crowns, bridges, implants, and temporomandibular joint dysfunction (TMJ) treatments. Procedures necessary to relieve pain and suffering do not require prior approval.

(c) Any non-emergent care received away from the duty station (e.g., while on leave, temporary additional duty) requires prior approval.

4002. PROCEDURES FOR USE OF THE NONNAVAL HEALTH CARE PROGRAM

1. Emergency Care. In situations that require immediate intervention, such as acute episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering, the member is to seek emergency medical and dental care at the nearest adequate medical or dental facility. If care is sought at a civilian facility, the member will do the following:

a. Bill-Payment: Inform the medical/dental staff that the Navy will pay the bill, but the hospital must bill the member who in turn will submit a claim through the appropriate channels. The bills will not be paid by CHAMPUS/TRICARE. CHAMPUS/TRICARE is not authorized for active duty members.

b. Report of Hospitalization, Injury, or Death

(1) When an Marine becomes a casualty, as defined by MCO P3040.4, chapter 1, a telephonic casualty report will be submitted within 6 hours of occurrence to the company and battalion headquarters (Attn: PersO). If a telephonic report cannot be submitted, notification will be accomplished via immediate message within the same time parameter. The six hour limit is not intended to imply that any delay is acceptable in reporting a casualty.

(2) Within 12 hours of occurrence, a written casualty report will be submitted, using the format contained in Chapter 1 of MCO P3040.4, by immediate message to company and battalion

headquarters only. The Battalion PersO will notify higher headquarters.

(3) Notification of next of kin will only be made by a uniformed representative as designated by the CMC (MHP-10). Notification of next of kin is **not** to be made by company commanders, detachment commanders, or State Department personnel.

2. Nonemergency Care Within Blanket Approval Limits: If a member requires routine medical or dental care, the member is to seek that care at the place designated by the embassy or consular health unit. The Marine is to inform the staff that the Navy will pay the bill and that the bill is to be forwarded to the Marine so appropriate claims paperwork can be filled out. If the provider demands payment up front or immediately upon receipt of services, the Marine is to pay the bill and submit the appropriate paperwork for reimbursement (see par 4007). If the Marine is unable to afford the cost of that care, he/she is to contact their adjudicating authority for further guidance and instruction on treatment.

3. Nonemergency Care Exceeding Blanket Approval Limits: If a member requires routine medical or dental care that exceeds the blanket approval limits as specified in par 4001, the member must request prior approval from their adjudicating authority (Some adjudicating authorities do not require notification prior to receiving care. Contact the adjudicating authority to determine requirement.). If nonemergency surgery or any other major or prolonged treatment is recommended and the adjudicating authority does not require prior approval, the Marine is to request guidance and authorization from battalion medical via the chain of command **prior** to receiving the care.

a. Prior Approval Procedures Exceeding Blanket Approval Limits: Requests for approval should include the following information and be submitted to the respective adjudicating authority by either message, fax, phone, or e-mail:

- (1) Member's name, SSN, and grade or rank.
- (2) Mailing address of duty station and phone number (voice and fax).
- (3) Diagnosis and anticipated treatment (e.g. sprained ankle - office visit with X-rays). If the diagnosis is not known, provide the best guess or at least a description of the problem. The same applies for the anticipated treatment.
- (4) Projected rotation date.
- (5) Place of treatment.

(6) Expected duration of treatment (e.g. 3 office visits).

(7) Estimated cost of treatment (in U.S. dollars).

(8) Distance, in miles, to nearest MTF.

b. Requests for routine care should be made in the most expeditious means available, to minimize the delay in receipt of care.

c. Upon receipt of request, the adjudicating authority will review the request and respond to the member, approving or disapproving the request.

d. Members, who fail to obtain prior approval for non-emergency civilian care, can be held responsible for the cost of that care.

4003. AUTHORIZED CARE

1. Any care deemed necessary by a licensed care provider will be considered for approval and funding under this program. Such care includes, but is not limited to, initial consultation, diagnostic testing (i.e., laboratory, radiology, and pathologic studies), hospital inpatient and outpatient care, surgery, physical and occupational therapy, dental care, eye examinations and refractions, and other procedures approved by BUMED. Authorized care includes:

a. Ambulances. If civilian ambulance service is required, it will be funded. If a federal MTF orders an ambulance, the federal facility will pay the cost.

b. Competency for Duty Examinations. The cost of competency for duty examinations will be reimbursed.

c. Dental Care. Emergency and routine restorative, oral surgical, and other procedures to relieve pain and suffering will be funded.

d. Durable Medical Equipment. Durable medical Equipment (e.g., knee braces) will only be authorized for funding with prior approval.

e. Emergency Care. Situations that require immediate intervention, such as acute psychiatric episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering.

f. Eye Care. Eye care, including contact lenses, refractions and examinations, spectacles, and intraocular lenses, will be provided only under limited circumstances and with prior approval. In addition;

(1) Contact lenses will not be initially funded under this program. In an emergency situation, a lost or damaged contact lens can be replaced if the member has no backup eyeglasses or lenses.

(2) One comprehensive eye examination, including refraction, per year is authorized when military facilities are not available, the last eye examination results are over a year old, and prior approval has been given.

(3) Replacement glasses can be procured from a civilian source, when all of the following criteria are met:

- (a) Member has no suitable spectacles
- (b) Member is unable to perform duties without glasses
- (c) Suitable glasses can be obtained from a civilian source
- (d) Member has prior approval

(4) If any of these criteria are not met, the prescription and proper facial measurements should be sent to Battalion Medical for ordering and fabrication.

g. Home Health Services. Home health care in the form of professional services, medication, therapy, supplies, and related equipment needs must be specifically approved before they are obtained. The name, address, and telephone number of the agency providing the services must be provided, and the approval is reevaluated every 30 days.

h. Maternity Care

(1) All maternity care requires written prior approval. This care includes prenatal care, inpatient care for delivery, post partum care, laboratory tests, medications, and ultrasounds.

(a) The following additional information is required for maternity care prior approval requests:

1. Member's expiration of active obligated service (EAS) and rotation date.

2. Estimated date of delivery.

SOP FOR MEDICAL

3. Plans for discharge before delivery.

4. Provider of care.

5. Estimated costs, including physician prenatal and delivery charges, hospital fees, lab tests, ultrasounds, and other fees.

6. Location of nearest MTF.

(b) Maternity care provided by certified nurse midwives, who work in a group practice which includes physicians, will be approved for uncomplicated, routine maternity care.

(c) Amniocentesis testing will be pre-approved only when medically indicated by the member's physician.

i. Mental Health Services: Given prior approval, mental health services, ordered by a licensed health care provider and provided by an authorized provider, can only be funded for the initial evaluation and no more than four follow-up counseling sessions.

j. Nicotine Patch or Gum: Nicotine patches or gum require prior approval and will only be approved in conjunction with a formal smoking cessation program. The member must also:

(1) Have a licensed physician order the antismoking aid as part of the treatment.

(2) Attempt to obtain the antismoking aid from an MTF.

(3) Be counseled that use of nicotine gum and patches is for a one-time course of treatment. The cost of such a treatment program, other than a nicotine patch or gum, is the complete responsibility of the patient.

k. Nonemergency care. Routine or nonemergency care that does not meet the blanket approval authority criteria must have prior approval from the adjudicating authority before care can be received and reimbursement of claims made.

1. Physical Examinations

(1) Certain portions of physical examinations for active duty personnel must be performed by a military health care provider. Only those portions listed below may be performed by civilian health care facilities.

(a) Laboratory Studies (excluding DoD-mandated human immunodeficiency virus [HIV] testing). DoD-required HIV tests must be submitted to an MTF for processing. (see chapter 3)

for HIV test requirements.

- (b) Chest X-rays.
- (c) Electrocardiograms.
- (d) Audiograms.
- (e) Pap smears and mammograms.
- (f) Eye examinations.
- (g) Dental examinations or screenings.

(2) Civilian Sources are not authorized for any other special tests.

4004. UNAUTHORIZED CARE

1. The items listed below are not authorized under this program.
 - a. Breast reduction or augmentation, including implants.
 - b. Chiropractic services.
 - c. Cosmetic surgery.
 - d. Contact lenses.
 - e. Court ordered care.
 - f. Drug and alcohol rehabilitation by civilian providers, including alcohol treatment aftercare.
 - g. Experimental procedures and medications.
 - h. Hearing aids or batteries.
 - i. Infertility workups, in vitro fertilization, and genetic testing, unless genetic testing is performed in conjunction with a spouse's infertility workup.
 - j. Marriage and family therapy and counseling.
 - k. Nonprescription medications and supplies.
 - l. Organ donation, which includes all care and services directly related to the harvest or donation of an organ.
 - m. Private duty nurses.
 - n. Care received from a civilian provider which was

received because an MTF/DTF referred the patient to that provider.

o. Transportation costs related to outpatient treatment or rehabilitation. Such costs are the responsibility of the patient's parent command. See chapter 1.

p. Tubal ligations unless it is determined by a physician, in writing, that future pregnancy might endanger the life of the mother and the procedure is completed at the time of the delivery. Prior approval is required.

q. Vasectomies, including follow-up sperm counts.

r. Weight reduction programs.

4005. ADJUDICATING AUTHORITY. Adjudicating authorities are listed in figure 4-1 and are responsible for the adjudication and processing of civilian health care claims received by eligible active duty personnel. This include the following categories of care:

1. Emergency medical or dental care, except for referrals made by an MTF or DTF.

2. Nonemergent medical or dental care, provided blanket authority guidelines were followed and approval was obtained before care was rendered.

4006. RESPONSIBILITIES

1. Active Duty Members. Failure to comply with these procedures will result in denial of Navy financial reimbursement for the care received. To maintain good personal credit and good community relations, each active duty member will follow the guidance and procedures in this instruction. Active duty members shall adhere to the following guidelines:

a. Use federal facilities for their care, when available.

b. Notify parent commands of nonnaval admissions.

c. Request approval for nonemergent care exceeding blanket approval limits, before obtaining such care, when federal facilities are not available.

d. Submit health care claims to their adjudicating authority in accordance with par 4007.

e. Obtain copies of civilian health care treatment records for inclusion in their military health record.

2. Detachment Commanders. Detachment commanders are responsible for:

a. Ensuring prior approval requests are submitted in a timely fashion.

b. Acting as the certifying official for all claims being sent to WPS, Madison WI and for claims for care received while stateside to be sent to MEDDEN Affairs, Great Lakes, IL. In the case of detachment commander claims, the certifying official will be designated by the company commander.

3. Company Commander. Company commanders are responsible for the health and welfare of all members under their cognizance. Their responsibilities include, but are not limited to:

a. Notifying appropriate adjudicating authority, listed in figure 4-1, of all admissions to civilian facilities outside of CONUS.

b. Designating a certifying official to carry out the tasks delineated below for company personnel and detachment commanders.

c. Ensuring Line of Duty Investigations are done as soon as possible to expedite processing of medical boards, if necessary.

4007. CLAIMS SUBMISSION AND PAYMENT PROCEDURES

1. All nonnaval health care claims are to be submitted to the appropriate adjudicating authority for payment. Figure 4-1 lists the adjudicating authorities.

a. Active Duty Member. Active duty personnel are responsible for the proper and timely submission of claims. When Marines receive nonnaval health care from civilian providers, the following procedures will be followed:

(1) The member must obtain an itemized bill for all services received. If a foreign provider does not provide an itemized bill, submit the bill as received. The claim cannot be processed in a timely manner without this document. If the bill is not in English, it must be translated prior to submission.

(2) A Nonnaval Health Care Claim Form, NAVMED 6320/10 (figure 4-2), shall be completed for each and every episode of care. This form shall be filled out and signed by the member and when required as stated in par 4006, by the certifying official.

A certifying official may not sign for his/her own claim. The certifying official's signature validates the NAVMED 6320/10, and ensures the patient's health record reflects the civilian treatment received. Patients who have been released from active duty and are submitting claims for treatment received while on active duty should submit a copy of their Certificate of Discharge or Release from Active Duty (DD 214), in place of a certifying official's signature. For claims from Europe, Africa and the Middle East, a CHAMPUS Claim Form (figure 4-4) must also be completed and submitted with the claim.

(3) If the member has paid the provider and is seeking reimbursement, the following additional documentation is required:

(a) Paid receipts, copies of canceled checks (both sides), paid invoices showing a zero balance, or credit card receipts.

(b) A Claim for Reimbursement for Expenditures on Official Business, SF 1164 (figure 4-3). This form must be completed and contain the member's original signature in block 10.

(4) The member shall forward the original and three copies of the documents listed above to the appropriate adjudicating authority. If required the certifying official must sign the 6320/10 and forward claims to appropriate adjudicating authority for payment.

b. Certifying Official. For claims being submitted to WPS, Madison WI, and claims for stateside care being submitted to MEDDEN Affairs, Great Lakes IL, the certifying official is a vital link in the claims filing procedure. The certifying official:

(1) Verifies treatment received.

(2) Assists the member in the proper submission of their claim.

(3) Ensures that each civilian medical and dental claim is accompanied by an itemized bill, which clearly states the type of civilian care received. Invoices must be prepared by providers of care and billed on the provider's billing letterhead. The Navy will not pay bills from a third party such as a collection agent, lawyer or embassy. Each bill must include the following information:

(a) Patient's name and social security number.

(b) Date(s) of services.

(c) Description of each service or supply.

(d) Charge for each service or supply.

(4) Reviews the NAVMED 6320/10 (Rev 6-94) and signs in block 18. This reflects the command's awareness that the member used civilian health care, and that he/she was in an approved duty status at the time care was received.

(5) Ensures a copy of the record of treatment is entered in the member's health record.

c. Adjudicating Authority. The adjudicating authority reviews and processes completed claims and forwards approved claims to the respective defense accounting office within 30 days after receipt. MEDDEN Affairs is not authorized to pay interest or late charges.

SOP FOR MEDICAL

United States:

Officer in Charge
MEDDEN Affairs
P.O. Box 886999
Great Lakes, IL 60088-6999
Commercial 1-800-876-1131 or 847-688-3950

Europe, Africa, and the Middle East:

Request Prior Approval:

CINC, NAVFOREUR
(Fleet Medical Office)
PSC Box 2,
FPO AE 09499
Phone# 44-171-514-4679
Fax# 44-171-514-4086

Mail Claims to:

Foreign Claims
WPS/CHAMPUS
Attn: Active Duty Claims
P.O. Box 7968
Madison WI 53707-7968

Australia, New Zealand and Guam:

Commanding Officer
U.S. Naval Hospital (Guam)
PSC 490, Box 7607 —
FPO AP 96538-1600
DSN 344-9249 Commercial (671) 344-9425
Message PLAD: NAVHOSP GU

Afghanistan, Bangladesh, Hong Kong, India, Nepal, Pakistan,
Philippines, Southeast Asia, Sri Lanka, Taiwan, Japan, Korea and
Okinawa:

Commanding Officer
U.S. Naval Hospital (Yokosuka)
PSC 475, box 1
FPO AP 96350-1000
DSN 243-7144 Commercial 011-81-311-734-5252
Message PLAD: NAVHOSP YOKOSUKA JA

SOP FOR MEDICAL

Puerto Rico, Bermuda, the Virgin Islands, other Caribbean Islands
Central America and South America:

Commanding Officer
U.S. Naval Hospital (Roosevelt Roads)
FPO Miami 34051
DSN 831-4406 Commercial 809-865-5922/3/4/5
Message PLAD: NAVHOSP ROOSEVELT ROADS PR

Hawaii, Midway Island, and the Central Pacific Basin:

Civilian Medical Care:

Commanding Officer
Naval Medical Clinic
Box 121
Pearl Harbor, HI 96860-5080
Commercial (808) 474-4410
Message PLAD: NAVMEDCLINIC PEARL HARBOR HI

Civilian Dental Care:

Commanding Officer
Naval Dental Clinic
Box 111
Pearl Harbor, HI 96860-5000
Commercial (808) 474-4410
Message PLAD: NAVDENCEN PEARL HARBOR HI

Mexico and Canada:

Chief, Bureau of Medicine and Surgery
2300 E Street, NW (MED-311)
Washington, DC 20372-5300
DSN 762-3149 Commercial (202) 762-3149
Message PLAD: BUMED WASHINGTON DC//311//

SOP FOR MEDICAL

Nonnaval Health Care Claim Form				
1. Patient Name SMITH, HARRY H.	2. Rank/Rate CPL	3. Social Security No. 123-44-5678	4. Birthdate 1 JAN 55	5. Date Filed 29 MAR 97
6. Patient Home Address AMEMBASSY TEL AVIV RSC 98, BOX 100 Street AFPO AE 09830-7228 City State Zip		7. Current Duty Station AMEMBASSY TEL AVIV RUC #09413 Command UIC RSC 98, BOX 100 Street AFPO AE 09830-7228 City State Zip		
8. <input type="checkbox"/> USN <input type="checkbox"/> USNR <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR <input type="checkbox"/> Retired/Discharged (send copy of DD 214, pr 4) <input type="checkbox"/> Other (explain) _____				
*If illness/injury occurred while on drill, annual, or inactive duty training, submit a copy of drill record, SF 608, orders, muster sheet, or leave and coming statement. After completion of active duty period, treatment from civilian health care providers requires an NOE (Notice of Eligibility), and prior approval from MEDDEN Affairs.				
9. When you received treatment, were you <input checked="" type="checkbox"/> Leave <input type="checkbox"/> Liberty <input type="checkbox"/> UA <input type="checkbox"/> Terminal Leave <input type="checkbox"/> Appellate Leave (Send copy of appellate leave papers and military ID card (front and back)). Dates From 29 MAR 97 To 29 MAR 97				
10. Cause of injury or illness <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Assault <input checked="" type="checkbox"/> Other ACCIDENTAL FALL		11. Place of injury or illness <input checked="" type="checkbox"/> Recreational activity <input type="checkbox"/> Non-Governmental job <input type="checkbox"/> Other _____		
12. Emergency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Blanket Approval <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prior Approval issued by MEDDEN Affairs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Prior approval number: _____
13. Were you seen as a patient by a "military" medical or dental treatment facility (MTCF or DTF) for this condition before obtaining treatment from a civilian health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide dates: _____				
14. Did the MTCF or DTF refer you to the civilian health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of referring MTCF or DTF: _____				
15. Diagnosis (what were you treated for) FRACTURED FIBULA				
16. Name of Provider: HERZLIA MEDICAL CENTER		Dates of Treatment: 29 MAR 97		Charges: \$97.00
17. Have bills been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom SERVICE MEMBER If member paid, submit SF 1164, Claim for Reimbursement with the member's original signature and proof of payment (e.g., receipt or front and back of uncashed check).				
18. Patient's signature authorizes release of health care records related to this injury or illness to MEDDEN AFFAIRS. Signatures validate information provided. Patient's Signature 011-03-514-7551 011-03-514-7551 Home Phone Number Work Phone Number Certifying Official's Printed Name 011-357-2-476100 (MEDREP, RBA or a Senior Officer) Certifying Official's Signature Phone Number				

Figure 4-2.--Nonnaval Health Care Claim Form (NAVMED 6320/10).

SOP FOR MEDICAL

CLAIMANT		SCHEDULE NUMBER	
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS Read the Privacy Act Statement on the back of this form.		1. NAME (Last, first, middle initial) SMITH, HARRY S., CIL, USMC	
2. SOCIAL SECURITY NO. 123-44-5678		3. OFFICE TELEPHONE NUMBER 011-03-519-7551	
4. MAILING ADDRESS (Include ZIP Code) AMEMBASSY TEL ACTV PSC 98, BOX 100 APO AH 09830-7228		5. PAID BY	
6. EXPENDITURES (If more than one claimant, show in col (a) the number of individuals which accompanied the claimant.)			
DATE	DESCRIPTION OF EXPENDITURE	AMOUNT CLAIMED	REMARKS
3/29 (Date(s) of claim)	Medical Care (per attached invoice)	97.00	
7. AMOUNT CLAIMED (Total of cols. 1, 2, 3, and 4) \$97.00		TOTALS 97.00	
8. I certify that this claim is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. Sign Original Only			
9. This claim is approved. (Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. Note: if long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify. (11 U.S.C. 6809.) Sign Original Only		10. I certify that this claim is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. Sign Original Only	
ACCOUNTING CLASSIFICATION (REVISED 7-65)			
APPROPRIATION	OBJECT CLASS	FUNCTION AND SUBALLOT	ACTIVITY
11. I certify that this claim is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. Sign Original Only			

Figure 4-3.--Claim for Reimbursement for Expenditures on Official Business.

SOP FOR MEDICAL

PATIENT'S NAME (Last, first, middle initial) SMITH, HARRY S.		2. PATIENT'S TELEPHONE NUMBER (include Area Code) DAYTIME () () 519-7551 EVENING () () 519-7307													
3. PATIENT'S ADDRESS (Street, Apt. No., City, State, and ZIP Code) AMEMBASSY TEL AVIV PSC 98 BOX 100 APO AE 09830		4. PATIENT'S RELATIONSHIP TO SPONSOR (X one) <input checked="" type="checkbox"/> SELF <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> NATURAL OR ADOPTED CHILD													
5. PATIENT'S DATE OF BIRTH (MM/DD/YYYY) 01/01/55	6. PATIENT'S SEX (X one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. IS PATIENT'S CONDITION (x both if applicable) ACCIDENT RELATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WORK RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
8a. DESCRIBE CONDITION FOR WHICH THE PATIENT RECEIVED TREATMENT, SUPPLIES OR MEDICATION. IF AN INJURY, NOTE HOW IT HAPPENED. REFER TO INSTRUCTION BELOW. FRACTURED FIBULA, ACCIDENTAL FALL.		8b. WAS PATIENT'S CARE (X one) <input type="checkbox"/> INPATIENT? <input checked="" type="checkbox"/> OUTPATIENT? <input type="checkbox"/> DAY SURGERY?													
9. SPONSOR'S NAME (Last, first, middle initial) SAME		10. SPONSOR'S SOCIAL SECURITY NUMBER 123-44-5678													
11. OTHER HEALTH INSURANCE COVERAGE a. Is patient covered by any other health insurance plan or program to include health coverage available through other family members? If yes, check the "Yes" block and complete blocks 11 and 12 (see instructions below). If no, you must check the "No" block and complete block 12. Do not provide CHAMPUS supplemental insurance information, but do report Medicare supplements. <table style="float: right; margin-left: 10px;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
YES	NO														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
b. TYPE OF COVERAGE (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (1) EMPLOYMENT (Group)</td> <td><input type="checkbox"/> (3) MEDICARE</td> <td><input type="checkbox"/> (5) MEDICARE SUPPLEMENTAL INSURANCE</td> </tr> <tr> <td><input type="checkbox"/> (2) PRIVATE (Non-Group)</td> <td><input type="checkbox"/> (4) STUDENT PLAN</td> <td><input type="checkbox"/> (6) OTHER (Specify) _____</td> </tr> </table>				<input type="checkbox"/> (1) EMPLOYMENT (Group)	<input type="checkbox"/> (3) MEDICARE	<input type="checkbox"/> (5) MEDICARE SUPPLEMENTAL INSURANCE	<input type="checkbox"/> (2) PRIVATE (Non-Group)	<input type="checkbox"/> (4) STUDENT PLAN	<input type="checkbox"/> (6) OTHER (Specify) _____						
<input type="checkbox"/> (1) EMPLOYMENT (Group)	<input type="checkbox"/> (3) MEDICARE	<input type="checkbox"/> (5) MEDICARE SUPPLEMENTAL INSURANCE													
<input type="checkbox"/> (2) PRIVATE (Non-Group)	<input type="checkbox"/> (4) STUDENT PLAN	<input type="checkbox"/> (6) OTHER (Specify) _____													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>c. NAME AND ADDRESS OF OTHER HEALTH INSURANCE (Street, City, State, and ZIP Code)</th> <th>d. INSURANCE IDENTIFICATION NUMBER</th> <th>e. INSURANCE EFFECTIVE DATE (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">INSURANCE 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">INSURANCE 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			c. NAME AND ADDRESS OF OTHER HEALTH INSURANCE (Street, City, State, and ZIP Code)	d. INSURANCE IDENTIFICATION NUMBER	e. INSURANCE EFFECTIVE DATE (MM/DD/YYYY)	INSURANCE 1				INSURANCE 2					
	c. NAME AND ADDRESS OF OTHER HEALTH INSURANCE (Street, City, State, and ZIP Code)	d. INSURANCE IDENTIFICATION NUMBER	e. INSURANCE EFFECTIVE DATE (MM/DD/YYYY)												
INSURANCE 1															
INSURANCE 2															
12. SIGNATURE OF PATIENT OR AUTHORIZED PERSON CERTIFIES CORRECTNESS OF CLAIM AND AUTHORIZES RELEASE OF MEDICAL OR OTHER INSURANCE INFORMATION.															
a. SIGNATURE 		b. DATE SIGNED (MM/DD/YYYY) 01/01/55	c. RELATIONSHIP TO PATIENT SELF												

HOW TO FILL OUT THE CHAMPUS FORM

You must attach an itemized bill (see front of form) from your doctor's supplier for CHAMPUS to process this claim.

- Enter patient's last name, first name and middle initial as it appears on the military ID card. Do not use nicknames.
- Enter the patient's daytime telephone number and evening telephone number, if known, with the area code.
- Enter the home address of the patient's place of residence at the time of injury. Do not use a Post Office Box Number except for Rural Routes and numbers. Do not use an APO/FPO address unless the patient was actually residing overseas when care was provided.
- Check the box to indicate whether the patient is sponsored by "Other." If checked, indicate how related to the sponsor, e.g., former spouse.
- Enter date of birth of both month/day/year.
- Check the sex of the patient's female/male.
- Describe the nature of the patient's condition as it occurred, work-related or health. If a third party is involved, the patient is required to complete DD Form 1302, "Statement of Personal Injury/Damage Third Party Liability (CHAMPUS - CHAMPUS)." The form may be obtained from the claims processor, Health Benefits Administration, OASD/CSS.
- Describe patient's condition for which treatment was provided, e.g., broken arm, appendicitis, eye infection. If patient's condition is the result of an injury, report how it happened, e.g., fell on stairs at work, car accident.
- Check the date and care where the care was given.
- Enter the Sponsor's last name, first name and middle initial as it appears on the military ID card. If the sponsor and patient are the same person, write "same."
- Enter the Sponsor's Social Security Number (SSN).
- If low, you must report if the patient is covered by any other health insurance to include health coverage available through other family members. If the patient has supplemental CHAMPUS insurance, do not report "Your own," however, report Medicare supplemental coverage. Block 11 allows space to report two insurance coverages. If there are additional insurances, report the information as requested by Block 11 on a separate sheet of paper and attach to this claim.

NOTE: All other health insurances except Medicare are CHAMPUS supplemental plans must pay before CHAMPUS and pay after the expiration of Medicare and CHAMPUS supplemental plans you must submit the claim to the insurer's member and after that insurer has determined their payment, submit the claim to CHAMPUS. Expired or old benefits should be reported to the CHAMPUS claim processor. CHAMPUS will process claims until you provide the other health insurance information.

- The patient or authorized person must sign the statement. If the patient is unable to sign, the authorized person must sign and attach a written statement to the claim stating why the patient cannot sign. The signature must be either the legal signature or, if the absence of a legal signature, a subsequent signature of the patient. Other than the patient, the signer should be a next of kin or a person over 18 years of age and address information in the statement and the signer's address must be legible to appear on the claim and the reason the patient is unable to sign. Include documentation of the signer's relationship as legal guardian or provide your statement that no legal guardian has been appointed. If a power of attorney has been issued, provide a copy.

DD Form 2642, OCT 93 (BACK)

COPY 2 - PROCESSOR'S COPY

Figure 4-4.--Champus Claim Patient's Request for Medical Payment.

SOP FOR MEDICAL

CHAPTER 5

RELIEF FOR GOOD OF THE SERVICE

	<u>PARAGRAPH</u>	<u>PAGE</u>
BACKGROUND	5000	5-3
NOTIFICATION OF INJURY/ILLNESS	5001	5-3

SOP FOR MEDICAL

CHAPTER 5

RELIEF FOR GOOD OF THE SERVICE

5000. BACKGROUND. The physical demands of assignment to MSG duty, coupled with low manning levels, requires a constant state of good health. The Marine Corps' emphasis on and personal interest in improving one's physical fitness, additionally exposes individuals to an increased possibility of injury. Due to the location of many posts, adequate medical services are often limited or not available. The combination of these circumstances provide significant challenges to the evaluation and treatment of injuries and other illnesses. Some injuries and illnesses, because of the need for specialty care or the inherent limitations they impose, essentially prevent Marines from being able to function in a MSG billet. When this occurs, it is in the best interest of the Marine and the battalion to relieve him/her from duty for the good of the service (GOS).

5001. NOTIFICATION OF INJURY/ILLNESS. To facilitate an informed decision concerning the possible need for a GOS relief, detachment commanders will ensure that the following information is passed to lettered company headquarters and Battalion Medical; lettered company commanders will submit their recommendations to battalion with the following information:

1. Description of the circumstances which appeared to precede or cause the injury/condition. Include any information which helps explain what has been done to understand and resolve the present concern.
2. Diagnosis of the illness/injury, if known.
3. Identification of the clinician who assessed the problem. Include his/her specialty (e.g., physician's assistant, medical doctor).
4. Treatment being provided.
5. Limitations on the patient's ability to serve at post and expectations on their duration.
6. Medical recommendations (e.g., physical therapy or medevac for evaluation or surgery).

SOP FOR MEDICAL

CHAPTER 6

FOREIGN SERVICE NATIONAL MEDICAL ISSUES

	<u>PARAGRAPH</u>	<u>PAGE</u>
BACKGROUND	6000	6-3
INITIAL EXAMINATIONS	6001	6-3
ONGOING MONITORING	6002	6-3
ANNUAL EXAMINATIONS	6003	6-3

SOP FOR MEDICAL

CHAPTER 6

FOREIGN SERVICE NATIONAL MEDICAL ISSUES

6000. BACKGROUND. Serious medical illnesses are endemic in many countries where battalion personnel serve. The foreign service nationals (FSNs) who provide cooking and other domestic services for Marine Houses and detachment commanders are generally citizens of the host country. As such, they are at increased risk for exposure to the prevalent diseases. Under the Memorandum of Agreement, Department of State will fund, with reimbursement from the Marine Corps, the cost of the initial and annual physical exams and tests for cooks employed for the bachelor enlisted quarters (BEQ). Although funding is not authorized for cooks for the detachment commander's residence, testing is highly recommended.

6001. INITIAL EXAMINATIONS. FSNs must have an initial medical examination before they start working. It will consist, at a minimum, of the following:

1. Blood tests including CBC, chemistry profile, glucose, RPR, and, where applicable, a malarial smear.
2. Stool sample tests including hemocult, microscopic, and ova and parasite.
3. TB skin test.
4. Chest x-ray, if TB skin test is positive.
5. HIV test.

6002. ONGOING MONITORING. To minimize the risk of exposure to contagious diseases, the medical health of FSN employees must be constantly monitored. A periodic visual inspection will be conducted to insure that the employee does not have any open wounds or sores on their hands, face, or neck, through which diseases could be transmitted. Attention should be given to ensure that proper standards of hygiene are being followed. Supervisory personnel should also be alert to other symptoms which might indicate the presence of other diseases. For example, a cough could indicate the presence of tuberculosis and should result in a referral for a medical evaluation.

6003. ANNUAL EXAMINATIONS. Once hired, the medical monitoring of FSNs will include an annual physical consisting of the following:

1. Urine and stool sample tests, unless the embassy health unit determines that more frequent testing is indicated.
2. HIV test, unless prohibited by law.

3. Physical examination, including any laboratory tests determined by the examiner to be prudent.
4. PPD skin test, unless contradicted by a previous positive PPD.

SOP FOR MEDICAL

CHAPTER 7

TRICARE ENROLLMENT

	<u>PARAGRAPH</u>	<u>PAGE</u>
BACKGROUND	7000	7-3
SUPPORTING TRICARE REGIONS	7001	7-3
ENROLLMENT	7002	7-3

SOP FOR MEDICAL

CHAPTER 7

TRICARE ENROLLMENT

7000. BACKGROUND. TRICARE is DOD's health care system that is designed to manage the care received by active duty service members and their families to reduce health care costs. TRICARE has a region to cover every part of the United States and the world.

7001. SUPPORTING TRICARE REGIONS. The United States is broken down into 12 separate geographic regions. TRICARE Europe, TRICARE Latin America, and TRICARE Pacific are the regions designated to cover all other areas of the world.

1. TRICARE Europe is responsible for supporting Europe, Africa and the Middle East.
2. TRICARE Latin America is responsible for supporting Central and South America, Mexico, Canada, and the Caribbean.
3. TRICARE Pacific is responsible for supporting the Far East including all Pacific rim countries.

7002. TRICARE ENROLLMENT. Company and detachment commanders are responsible for ensuring that all Marines and their family members are enrolled in the TRICARE region where they reside. As new Marines and their families report to their new posts, they should complete the enrollment procedures for the region in which they are reporting. Questions concerning TRICARE enrollment or associated benefits should be addressed to the supporting TRICARE office for that region. TRICARE points of contact can be obtained by contacting Battalion Medical at (703) 784-3558.